

3634

Atty. Dkt. No. 077056-0318



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Michael D. Hillman et al.

Title: CORDLESS BLIND

Appl. No.: 09/724,279

Filing Date: 11/28/2000

Examiner: Blair M. Johnson

Art Unit: 3634

<b>CERTIFICATE OF MAILING</b>	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231, on the date below.	
<i>Chris Escarville</i>	(Printed Name)
<i>Chris Escarville</i>	(Signature)
01-14-02	(Date of Deposit)

RESTRICTION REQUIREMENT RESPONSE TRANSMITTAL

Commissioner for Patents  
Box NON-FEE AMENDMENT  
Washington, D.C. 20231

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FEB 12 2002

GROUP 3600

Transmitted herewith is a response to a restriction requirement in the above-identified application.

- ☐ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.
- ☐ Small Entity statement is enclosed.
- ☒ The fee required for additional claims is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	67	67	0	x \$18.00	\$0.00
Independents:	10	10	0	x \$84.00	\$0.00
First presentation of any Multiple Dependent Claims:			+	\$280.00	\$0.00
CLAIMS FEE TOTAL:					\$0.00

- ☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$400.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$920.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,440.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,960.00	\$0.00
EXTENSION FEE TOTAL:			\$0.00
CLAIMS AND EXTENSION FEE TOTAL:			\$0.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:			\$0.00

- ☐ Please charge Deposit Account No. 06-1447 in the amount of \$0.00. A duplicate copy of this transmittal is enclosed.
- ☐ A check in the amount of \$0.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

1/14/02

By



FOLEY & LARDNER  
Firstar Center  
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Milwaukee, Wisconsin 53202-5367  
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